## **APPENDIX E**

## **NHDS Medical Abstract Form**

Form HDS-1

Notice — All information which would permit identification of an individual or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons or used for any other purpose. Public reporting burden of this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0212)

FORM **HDS-1** (3-27-2003)

U.S. DEPARTMENT OF COMMERCE U.S. DEPARTIMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

| MEDICAL ABSTRACT - NATIONAL HOSPITAL DISCHARGE SURVEY   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| A. PATIENT IDENTIFICATION   |  |  |  |  |  |  |
| 1. Hospital number  | Month Day Year  4. Date of admission   |  |  |  |  |  |
| 3. (Item deleted)   | 6. Residence ZIP Code  |  |  |  |  |  |
| B. PATIENT CHARACTERISTICS  |  |  |  |  |  |  |
| 7. Date of birth  Month  Day  Year  Vear  Units  Only if date of  | 11. Race – Mark all that apply  1 ☐ White 6 ☐ Other – Specify  2 ☐ Black or     African American 3 ☐ American Indian |  |  |  |  |  |
| birth not given 2 Months 3 Days  9. Sex – Mark (X) one  | or Alaska Native  4 Asian  5 Native Hawaiian or Other Pacific Islander   |  |  |  |  |  |
| 1 ☐ Male 2 ☐ Female 3 ☐ Not stated  10. Ethnicity – Mark (X) one 1 ☐ Hispanic 2 ☐ Not Hispanic 3 ☐ Not stated or Latino or Latino   | 12. Marital status – Mark (X) one  1 Married 3 Widowed 5 Separated 2 Single 4 Divorced 6 Not stated                  |  |  |  |  |  |
|   | RATIVE INFORMATION   |  |  |  |  |  |
| 13. Type of Admission − Mark (X) one  1 □ Emergency 3 □ Elective 5 □ Items not availa 2 □ Urgent 4 □ Newborn unknown  14. Source of Admission − Mark (X) one  | ble/    The principal of payment   Principal of the additional sources   |  |  |  |  |  |
| 1 ☐ Physician referral 7 ☐ Emergency room 2 ☐ Clinical referral 8 ☐ Court/Law enforcements 3 ☐ HMO referral 9 ☐ Other − Specify  4 ☐ Transfer from a hospital 5 ☐ Transfer from SNF 6 ☐ Transfer from other health facility 10 ☐ Item not available | 1. Worker's  |  |  |  |  |  |
| Status Disposition  1 Alive A. Routine discharge/discharged hore  b. Left against medical advice  c. Discharged, transferred to another short-term hospital  d. Discharged, transferred to long-term care institution                               | 7. Other private or commercial insurance   |  |  |  |  |  |
| e. ☐ Other disposition/not stated  2 ☐ Died  3 ☐ Status not stated  | □ No source of payment indicated □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □   |  |  |  |  |  |

| D. MEDICAL INFORMATION  |                     |                      |   |      |   |
|---|---------------------|----------------------|---|------|---|
| 17. Final Diagnoses (including E-code diagnoses) (Enter ICD-9-CM codes as well as narra                             | ative if available) |                      |   |      |   |
| Principal:  |                     |                      |   |      |   |
| Other/additional:   |                     |                      |   |      |   |
|   |                     |                      |   |      |   |
|   |                     |                      |   |      |   |
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|   |                     |                      |   |      | _ |
|   |                     |                      |   |      |   |
|   |                     |                      |   |      |   |
| <ol> <li>Surgical and Diagnostic Procedures (Enter ICD-9-CM codes as well as narrative if<br/>available)</li> </ol> |                     | Date of procedure(s) |   |      |   |
| available)  |                     | Day                  | V |      | - |
|   | Month               | Day                  | Y | 'ear |   |
| Principal:  |                     | Day                  | Y |      |   |
|   |                     | Day                  | Y |      |   |
| Principal:  |                     | Day                  | Y |      |   |
| Principal:  |                     | Day                  | Y |      |   |
| Principal:  |                     | Day                  | Y |      |   |
| Principal:  |                     | Day                  | Y |      |   |
| Principal:  |                     | Day                  | Y |      |   |
| Principal:  |                     | Day                  | Y |      |   |
| Principal:  |                     | Day                  | Y |      |   |
| Principal:  |                     | Day                  | Y |      |   |
| Principal:  |                     | Day                  | Y |      |   |
| Principal:  |                     | Day                  | Y |      |   |
| Principal: Other/additional:  |                     | Day                  |   |      |   |
| Principal:  |                     | Day                  | Y |      |   |